California Department of Food and Agriculture Animal Health and Food Safety Services Animal Health Branch 1220 N Street, Room A-107 Sacramento, CA 95814 Telephone: 916-654-1447

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## **PASTURE TO PASTURE PERMIT**

This agreement is for one pasture grazing season for the cattle, duration, and premises described. Permits are issued on a case-by-case basis. Requests should be submitted to the CDFA, Animal Health Branch at least 30 days before the move. A copy of the approved permit will be sent to the applicant.

Requested by:				Phone:				I	Permit #:			
Return by: FAX	MAIL	Fax:			I	E-mail:						
SHIPPER INFORMATION												
Ranch Name:									Premise ID #:			
Actual Location:												
City: Count			ty: State:				Zip Code:					
Mailing Address:												
City:			State:				Zip Code:					
Cattle Owner:			Phone:									
Manager:					Phone:							
DESTINATION INFORMATION												
Ranch Name:						Premise ID #:					:	
Actual Location:												
City: Cou		Count	unty:			State:				Zip Code:		
Mailing Address:												
City:			State:				Zip Code:					
Property Owner:					Phone:							
Manager:					Phone:							
HERD INFORMATION												
Brand Description:					Brand Location:							
Second Brand Description:					Second Brand Location:							
Other Identification:												
<b>Approximate Date Cattle Leaving:</b>					Approximate Dat			te of Return:				
Adult Females:	Ca	lves:	es: He		eifers:			Bull	Sulls: Steers:			
No. of Years Cattle Moved to Above Destination: Fences Intact and Maintained: Yes No												
Cattle Graze with other Herds: Yes No With Whom:												

## **PASTURE TO PASTURE PERMIT**

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HERD HEALTH INFORMATION								
Herd Veterinarian: Phone:								
Are All Female Cattle over 12 months Brucellosis	Vaccinated: Yes No	Percent Vaccinated:						
TB Tested (Within Last 5 years): Yes No	Test Date:	No. Tested:						
Has herd been infected with or exposed to Trichomonosis: Yes No								
Bulls Tested for Trichomonosis: Yes No	Test Date:	No. Tested:						
Other Disease:	Test Date:	No. Tested:						
Additional Requirements:								
Please include a copy of all test charts								
Conditions of Agreement								
I understand and agree that:  1. Cattle are from a valid beef breeding herd and moving for grazing purposes.  2. If cattle have tested positive for any disease, the herd may not be allowed to move until it has been fully evaluated by a designated State Animal Health Official.  3. I will account for all animals on this agreement.  4. Agreement is subject to change if the risk of disease changes.  5. Failure to comply with the provisions of this agreement may result in the revocation of this permit and/or loss of use of any future pasture-to-pasture permits.  6. Cattle must return within 8 months.  Name of Herd Owner or Legal Representative:  Signature:  Date:								
APPROVAL (FOR OFFICAL USE ONLY)								
Name of State Official at Origin:								
Title: Date:								
Name of State Official at Destination:								
Title:	Date:	D *///						
Issued by:	Date Issued:	Permit#:						